

**STATE OF IDAHO**  
**EMERGENCY MEDICAL SERVICES BUREAU**  
**LICENSURE STANDARDS MANUAL**

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**Authority:**

Idaho Code Title 56-1011 to 56-1016

Idaho Code Title 49 Chapter 6 section 49-629; and Chapter 9 section 49-910A

Rules Governing Emergency Medical Services: IDAPA 16.02.03 Section 002, 300, 301, 320, 325, 330, 335, and 340

Minimum Equipment Standards for Licensed EMS Services

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This *EMS LICENSURE STANDARDS MANUAL* applies to licenses issued between August 1, 2003 and July 31, 2005.

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## **I. DEFINITIONS**

Advanced Life Support Agency: An agency licensed to provide medical care, medication administration and treatment with medical devices which correspond to the knowledge and skill objectives in the EMT-Paramedic curriculum currently approved by the State Health Officer in accordance with Subsection 201.04 of the Rules Governing Emergency Medical Services, IDAPA 16.02.03.004, and currently within the scope of practice defined in Rules for EMS Personnel, IDAPA 22.01.06, Subsection 011.05, by persons certified as EMT-Paramedics.

Agency: An applicant for designation or a licensed EMS service seeking designation.

Ambulance: Any publicly or privately owned ground vehicle, nautical vessel, fixed wing aircraft or rotary wing aircraft used for, or intended to be used for, the transportation of sick or injured persons who may need medical attention during transport.

Ambulance-Based Clinicians: Licensed Professional Nurses, Registered Nurse, Advanced Practice Nurses, Respiratory Therapists, Physician Assistants, or other licensed health care practitioner with current licenses from the Board of Nursing or Board of Medicine, who are personnel provided by licensed EMS services.

Ambulance District: A district established by county government making ambulance service a government function and providing the ability to levy a tax for the provision of ambulance services.

Basic Life Support Agency: An agency licensed to provide medical care and treatment with medical devices which correspond to the knowledge and skill objectives in the EMT-Basic curriculum currently approved by the State Health Officer in accordance with Subsection 201.04 of the Rules Governing Emergency Medical Services, IDAPA 16.02.03.004, and currently within the scope of practice defined in Rules for EMS Personnel, IDAPA 22.01.06, Subsection 011.03, by persons certified as EMT-Basics.

Continuous Licensure: Having a current license at all times with no lapse in licensure

Critical Care Transfer: The transportation of a patient with continuous care, monitoring, medication or procedures requiring knowledge or skills not contained within the EMT-Paramedic curriculum approved by the State Health Officer. Interventions provided by EMT-Paramedics are governed by the scope of practice defined in IDAPA 22.01.06, Rules for EMS Personnel, Subsection 011.05.

Dispatch Agency: An agency that provides the means by which emergency resources are directed to the scene of an incident or event.

EMS Bureau Inspection: A review of an agency to determine compliance with standards as set forth in applicable Idaho statute and administrative code.

Infection Control Plan: A written document that outlines the precautions an ambulance agency takes to prevent infection from occurring in both patients and care providers.

Intermediate Life Support Agency: An agency licensed to provide medical care, medication administration and treatment with medical devices which correspond to the knowledge and skill objectives in the AEMT-Advanced curriculum currently approved by the State Health Officer in accordance with Subsection 201.04 of the Rules Governing Emergency Medical Services, IDAPA 16.02.03.004, and currently within the scope

of practice defined in Rules for EMS Personnel, IDAPA 22.01.06, Subsection 011.04, by persons certified as AEMT-Advanced.

License: Permission granted for a specific period of time by the EMS Bureau to provide emergency medical services in compliance with applicable Idaho statute and administrative code.

Local Ordinance: A law set forth by a city or county governmental authority addressing emergency medical services delivery within its jurisdiction.

Medical Direction: Physician responsibility for the clinical oversight and patient care aspects of the EMS system.

Medical Director: An Idaho Licensed Physician who has the overall responsibility for quality assessment and medical control for a licensed EMS agency.

Medical Control Plan: A written description of the extent and type of supervision by a licensed physician that is available to certified personnel.

Medical Treatment Protocols: A document that outlines the medical treatment and/or patient care guidelines consistent with the allowable scope of practice under which certified personnel function.

Minimum Equipment Standards: A list of equipment approved by the Board of Health & Welfare.

Non-transport service: Any vehicle licensed by the Department of Health and Welfare, EMS Bureau, operated with the intent to provide personnel or equipment for medical stabilization at an emergency scene, but not intended as the vehicle that will actually transport sick or injured persons.

Notice of Intended EMS Operation: A procedure that is used to notify potentially affected parties of a license application to provide or modify EMS services.

Out-Of-Hospital: Any setting outside of a hospital, including inter-facility transfers, in which EMS occurs.

Prehospital: Any setting, including event or incident standbys, outside of a hospital, with the exception of the inter-facility transfer, in which EMS occurs.

Provisional License: A certificate issued by the EMS Bureau to indicate compliance with minimum EMS agency standards but not the completion of all administrative requirements for licensure.

State Communications Center: A program of the EMS Bureau that provides a variety of services by telephone and radio to all licensed EMS agencies in Idaho.

State Frequencies: Idaho EMS frequencies 155.340 MHz and 155.280 MHz that are required for every Idaho licensed EMS agency.

Transfer: The transportation of a patient from one medical care facility to another by ambulance.

Vehicle Specifications: The parameters to which an ambulance vehicle is built. The EMS Bureau currently recognizes three federal, industry, or trade standards: *Federal KKK 1822-D* specifications, *American Society for Testing and Materials Committee F30 Standard F1230*, and the *National Truck Equipment Association Ambulance Manufacturers Division (AMD) Ambulance Performance Standards*.

## **II. APPLICABILITY**

Any individual or organization that advertises or supplies Emergency Medical Services (EMS) within Idaho for pre-hospital or out-of-hospital medical care for the sick or injured is required to be licensed by the Department of Health and Welfare EMS Bureau.

## **III. ELIGIBILITY**

An individual or organization is eligible for EMS licensure upon demonstrated compliance with the licensure standards set forth in this manual.

## **IV. APPLICATION PROCEDURES**

### **A. Initial Licensure Application Procedure**

1. Contact the EMS Bureau Regional Consultant in the primary area of intended operations for technical assistance.
2. The Regional Consultant will provide a current EMS licensure application packet which includes:
  - a) Idaho EMS Bureau “Application for EMS Agency Licensure”
  - b) A copy of the EMS Bureau:
    - (1) *Licensure Standards Manual*
    - (2) *Certification Standards Manual*
    - (3) *Training Standards Manual*
  - c) A copy of the Rules Governing EMS
  - d) A copy of the Board of Medicine Rules for EMS Personnel
  - e) A copy of Idaho Code pertaining to EMS and Related Systems
3. The applicant will complete the license application and return it to the local EMS Bureau Regional Office.
4. The Regional Consultant will schedule and complete an agency inspection.

5. The Regional Consultant will distribute a “Notice of Intended Operations” to all licensed EMS agencies, affected parties and political subdivisions in the response area identified on the application.
6. The Regional Consultant will prepare a licensure report and forward all documentation to the EMS Bureau Central Office.
7. The Certification & Licensure Coordinator will review the application information.
8. The application is placed on the Emergency Medical Services Advisory Committee (EMSAC) Licensure Subcommittee agenda.
  - a) The EMSAC Licensure Subcommittee meeting is held in Executive Session
  - b) The subcommittee reviews and considers all the documentation available regarding the application and will vote on a recommendation to be considered by EMSAC.
9. EMSAC reviews the application and the recommendation of the subcommittee.
  - a) The applicant may request to make a presentation to the subcommittee.
  - b) EMSAC will make a recommendation to the EMS Bureau regarding the application for licensure.
10. Applicants will be notified regarding the EMS Bureau decision about their license.

## **B. Annual Renewal of Licensure**

1. Ambulance and non-transport agencies will be licensed annually by the EMS Bureau.
2. Currently licensed EMS agencies will receive an application for renewal of licensure annually.
3. The completed application shall be returned to the EMS Bureau Regional Office prior to the expiration date of the current license.
  - a) Agencies submitting renewal applications after license expiration may be issued a license which becomes effective on the actual date of approval by the EMS Bureau.
4. The Regional Consultant will review the application for compliance with the current licensure standards.
5. The completed application will be forwarded to the Certification & Licensure Coordinator.
6. The Certification & Licensure Coordinator will review the application information and may issue a renewed license.

## **C. Changes to a Current License**

1. Licenses issued by the EMS Bureau cannot be sold or transferred.
2. Any change to the information provided on the license application requires prompt notification to the EMS Bureau.
3. The following changes require EMS Bureau approval prior to implementation.
  - a) Changes in response area:
    - (1) Shall consist of a letter describing the change and a map showing the new response area
    - (2) This will require the Regional Consultant to issue a “Notice of Intended Operations” to all licensed EMS agencies, affected parties and political subdivisions in the new response area. Objections or concerns received as a result of the “Notice of Intended Operations” will be addressed by the EMSAC Licensure Subcommittee.
  - b) Changes in clinical designation and license type are processed as initial applications.

## **V. APPLICANT REQUIREMENTS**

### **A. Licensure Categories**

1. The applicant may request licensure at one (1) of two (2) categories of agency licensure:
  - a) Ambulance:
    - (1) An agency licensed for the transport of the sick and injured where medical interventions may be necessary while enroute to a medical facility.
    - (2) The applicant will describe the highest level of clinical capabilities using the following designations:
      - (a) Basic Life Support
      - (b) Intermediate Life Support
      - (c) Advanced Life Support
        - (i) Prehospital, ALS Transfer, and Critical Care Transfer (Level I)
        - (ii) Prehospital and ALS Transfer (Level II)

(iii)ALS Transfer and Critical Care Transfer (Level III)

(iv)ALS Transfer (Level IV)

b) Non-transport

(1) An agency licensed for bringing certified personnel and equipment to an emergency scene.

(2) The applicant will describe the highest level of clinical capabilities using the following designations:

(a) Basic Life Support

(b) Intermediate Life Support

(c) Advanced Life Support

2. An agency licensed at a particular level of clinical capability shall have a sufficient number of personnel certified or licensed at the level of clinical designation to ensure availability corresponding to the anticipated call volume of the agency.

3. Any applicant for ALS Level III or ALS Level IV must also demonstrate compliance with BLS or ILS requirements as defined in IDAPA 16.02.03 Section 300 and 301.

4. Licensed EMS agencies may not represent or advertise as providing a level of clinical capability not identified on the license.

**B. Clinical Capability Designation**

1. Basic Life Support agencies utilize personnel certified up to and including EMT-Basic.

3. Intermediate Life Support agencies utilize personnel certified up to and including certified Advanced EMT-A.

4. Advanced Life Support agencies may utilize personnel certified up to and including EMT-Paramedic personnel or licensed Ambulance-Based Clinicians.

a) ALS Level I designation applies to an agency which responds to 911 emergencies, event standbys as an ALS provider, other emergencies, ALS transfers, and critical care transfers.

(1) Agencies responding to 911 emergencies, event standbys or other emergencies shall utilize EMT-Paramedics or Ambulance-Based Clinicians that have been cross-trained and certified in Idaho as an EMT-Paramedic.

(2) An agency may use an EMT-Paramedic for ALS transfers.



(3) EMT-Paramedics used in critical care transfers shall hold current certification issued by the EMS Bureau. EMT-Paramedics who will be the primary or only care provider must have successfully completed a formal training program in critical care transport which meets or exceeds the objectives of the curriculum guide approved by the State Health officer and as verified by the agency medical director.

(4) Ambulance-Based Clinicians used for critical care and ALS transfers must have completed a formal training program of out-of-hospital care that meets the objectives of the curriculum guide approved by the State Health Officer.

(a) The agency shall verify that the Ambulance-Based Clinician has met the objectives of the approved curriculum guide and any requirements of the corresponding licensing board.

b) ALS Level II designation applies to an agency which responds to 911 emergencies, event standbys as an ALS provider, other emergencies, and ALS transfers.

(1) Agencies responding to 911 emergencies, event standbys or other emergencies shall utilize EMT-Paramedics or Ambulance-Based Clinicians if they have been cross-trained and certified in Idaho as an EMT-Paramedic.

(2) An agency may use an EMT-Paramedic for ALS transfers.

(3) Ambulance-Based Clinicians used for ALS transfers must have completed a formal training program of out-of-hospital care that meets the objectives of the curriculum guide approved by the State Health Officer.

(a) The agency shall verify that the Ambulance-Based Clinician has met the objectives of the approved curriculum guide and any requirements of the corresponding licensing board.

c) ALS Level III designation applies to an agency which provides ALS Transfers and Critical Care Transfers.

(1) An agency may use an EMT-Paramedic for ALS transfers.

(2) EMT-Paramedics used in Critical Care Transfers and who will be the primary or only care provider shall have successfully completed a formal training program in critical care transport which meets or exceeds the objectives of the curriculum guide approved by the State Health Officer.

(a) The agency shall verify that the EMT-Paramedic has met the objectives of the approved curriculum guide.

(3) Ambulance-Based Clinicians used for ALS or Critical Care Transfers must have completed a formal training program of out-of-hospital care that meets the objectives of the curriculum guide approved by the State Health Officer.

(a) The agency shall verify that the Ambulance-Based Clinician has met the objectives of the approved curriculum guide and any requirements of the corresponding licensing board.

d) ALS level IV designation applies to an agency which responds only to ALS Transfers.

(1) An agency may use an EMT-Paramedic for ALS transfers.

(2) Ambulance-Based Clinicians used for ALS transfers must have completed a formal training program of out-of-hospital care that meets the objectives of the curriculum guide approved by the State Health Officer.

(a) The agency shall verify that the Ambulance-Based Clinician has met the objectives of the approved curriculum guide and any requirements of the corresponding licensing board.

#### **D. Vehicles**

1. All vehicles routinely used in the delivery of EMS shall be declared on the license application.

a) The agency will notify the EMS Bureau in writing of any vehicle changes within 10 days of the change

2. Ambulances:

a) All ambulances will meet or exceed federal, trade, industry specifications, or standards for ambulance vehicles as identified by the applicant.

b) Standards recognized by the EMS Bureau are the current *KKK-1822* specifications, *National Truck Equipment Association-Ambulance Manufacturers Division Ambulance Vehicle Standards*, and *American Society for Testing and Materials Committee F30 Standard F-1230*.

c) All aircraft will have a current Federal Aviation Administration Part 135/Part 91 compliance certificate and an insurance certificate.

2. Non-transport vehicles:

a) All non-transport vehicles will meet or exceed standards for that type of vehicle including federal, trade, or industry specifications as identified by the applicant.

3. Uniquely configured vehicles:

- a) Vehicles that have been modified to meet specialized needs shall be inspected and approved by the EMS Bureau before licensure.
- b) Documentation of modifications and inspection criteria for unique vehicles will be established on a case-by-case basis.

**E. Equipment**

- 1. Each vehicle listed on the agency application will meet the *Minimum Equipment Standards for Licensed EMS Services* for the vehicle's intended use.
- 2. The *Minimum Equipment Standards for Licensed EMS Services* are an attachment to the Rules Governing Emergency Medical Services, IDAPA 16.02.03.
  - a) All ambulances will carry the equipment listed in *Minimum Equipment Standards for Licensed EMS Services* that pertains to their type of agency or vehicle.
  - b) The agency must submit a list of all additional medical equipment routinely carried in the agency vehicle(s) not included in the *Minimum Equipment Standards for Licensed EMS Services*.
  - c) The EMS Bureau may grant exceptions to the minimum equipment requirements before issuance of license, when operational alternatives assure that appropriate patient care will be provided for all foreseeable incidents.
- 3. Communications equipment
  - a) Mobile and/or portable radios shall be programmed with the frequencies of 155.340 and 155.280.
    - (1) Radios will have encoding capability to access the frequencies used by the Idaho EMS radio communications system.

## **F. Personnel**

1. The agency will demonstrate sufficient personnel to provide twenty-four (24) hour a day, seven (7) day a week response capability corresponding to the anticipated call volume of the agency.
2. Provide a description of the anticipated staffing patterns that includes:
  - a) Duration of each shift
  - b) Vehicles assigned per shift
  - c) Number of personnel assigned per vehicle
  - d) Number of personnel assigned per shift
  - e) Number of certified personnel assigned per shift
  - f) Number of personnel certified at the level of designated clinical capability assigned per shift
3. Describe arrangements that will provide personnel access to EMS clinical and didactic training.
4. The agency must submit a roster identifying all certified personnel and Ambulance-Based clinicians with each application for licensure. Any change to the roster due to attrition or hiring must be documented to the EMS Bureau within sixty (60) calendar days of the change.
5. The agency shall identify each EMT-Paramedic that has completed Critical Care Transfer training and each ambulance-based clinician that has completed out-of-hospital training.

## **G. Data Management**

1. All agencies licensed by the EMS Bureau shall maintain a record of every request for service.
2. Records shall contain the minimum data points identified in IDAPA 16.02.03.300.04 for ambulance agencies or IDAPA 16.02.03.301.04 for non-transport agencies.
3. Records shall be maintained in a form approved by the EMS Bureau:
  - a) The multi-page "Idaho Emergency Medical Services Patient Care Report;" or
  - b) The single page "Idaho Emergency Medical Services Patient Care Report;" or
  - c) Data collected in EMS Data Systems *KeyData* program, or equivalent, and downloaded to the Idaho database by the EMS agency; or

d) Data downloaded from the agency's own data collection system that meets the input specifications provided by EMS Data Systems and approved for download to the Idaho database by the EMS Bureau.

4. Required data from ambulance services shall be submitted to the EMS Bureau within ten (10) days after the end of each calendar quarter.

a) Ambulance services not in compliance with data submission requirements will not be eligible for EMS grant money during the next grant cycle.

b) Quarter ending months are:

(1) March

(2) June

(3) September

(4) December

c) Agencies with annual call volumes of 750 or higher are encouraged to submit records on a monthly basis.

## **H. Dispatch Services**

1. Agencies shall have twenty-four (24) hour dispatching service available.
2. Application for licensure will identify the dispatching agency including:
  - a) Contact person
  - b) Address
  - c) Business telephone numbers
  - d) Emergency telephone number for public access to EMS
  - e) Availability of pre-arrival instruction capability
  - f) Description of the radio, telephonic, or other means by which the agency will receive dispatch and response information

## **I. Medical Control Plan**

1. The agency shall describe the extent of medical control supervision.
  - a) On-line medical control is accomplished by the ability to contact a physician using voice communications by one or more methods below:
    - (1) An emergency department of a designated hospital, which has a physician on duty on a twenty-four (24) hour basis.
    - (2) A designated on-call physician available twenty-four (24) hours per day for voice communications with a written back-up agreement with an emergency department of a designated hospital which has a physician on duty on a twenty-four (24) hour basis.
    - (3) A physician capable of directing prehospital care physically present in the ambulance for the duration of the treatment or transport of the patient.
    - (4) Any combination of the above methods of on-line medical control.
    - (5) On-line medical control shall be an Idaho licensed physician.

b) Off-line medical control of the agency is accomplished by a physician medical director.

(1) Off-line medical control shall be an Idaho licensed physician or doctor of osteopathy meeting all requirements set forth by the Board of Medicine for physician medical directors.

(2) Off-line medical control is recommended for all Basic Life Support agencies licensed by the EMS Bureau.

(3) Off-line medical control is required for all:

(a) Intermediate Life Support agencies licensed by the EMS Bureau

(b) Advanced Life Support agencies licensed by the EMS Bureau

(c) Continuous physician medical director oversight shall be maintained for agencies that are required to have off-line medical control.

(4) The agency will provide immediate written notification to the EMS Bureau regarding any change in off-line medical direction

## **J. Medical Treatment Protocols**

1. The agency shall submit a complete copy of the medical treatment protocols and written standing orders under which its certified personnel and Ambulance-Based Clinicians practice. These documents shall be submitted for all initial and annual renewal applications.

2. All licensed agencies will provide an updated copy of protocols and standing orders to the EMS Bureau when changes occur or upon request.

3. Protocols and written standing orders will comply with the scope of practice defined by the Board of Medicine Rules for EMS Personnel, IDAPA 22.01.06, for the designated clinical capability.

## **K. Infection Control Plan**

1. The agency will establish an infection control plan to reduce exposure to pathogens.

2. The agency will maintain safety equipment and personal protective supplies for personnel as specified in the *Minimum Equipment Standards for Licensed EMS Services*.

## **L. Geographic Coverage Description**

1. The agency will provide a map detailing the response area and a written description of the Idaho jurisdictions they will serve, using known geopolitical boundaries or geographic coordinates.
2. The agency is responsible for determining the area to which it will respond.
3. The agency is responsible for coordinating with other agencies that may be licensed in a portion of the same response area for dual response, tiered response or mutual aid response.

## **M. Local Government Authorization**

1. Applicants shall provide documentation verifying compliance with all city or county EMS ordinances for each political subdivision in the response area defined in the application.

## **N. Inspection**

1. Representatives of the EMS Bureau are authorized to enter the applicant's facilities at reasonable times for inspection of the agency.
2. The elements of an agency inspection are:
  - a) Ambulance and non-transport vehicles used in the delivery of EMS
  - b) Personnel rosters and staffing patterns
  - c) The *Minimum Equipment Standards for Licensed EMS Services*
  - d) Data collection and submission
  - e) The Medical Control Plan
  - f) Infection Control Plan
  - g) Dispatch agreement and procedures
3. Inspections are necessary to determine compliance to the Rules Governing EMS and eligibility for EMS licensure.
4. Inspections are conducted at least annually and may occur at any time during the licensure period.



## **VI. ADMINISTRATIVE LICENSE ACTION**

### **A. Non-Compliance with Rules**

1. Any agency license may be subject to administrative action for any act, conduct or failure to act consistent with the standards established by the *Rules Governing EMS* in effect at the time the act, conduct, or failure to act occurred.

### **B. License Action**

1. Any license may be suspended, revoked, denied, or retained only upon compliance with conditions imposed by the Bureau Chief, for any action, conduct, or failure to act which is inconsistent with the professionalism and/or standards established by the *Rules Governing EMS*.